



# Engineering

## Engineering Outreach Participant Registration Form — Science and Engineering Community Camp

**To register:** Complete this form and return it to the main office.

The University of Toronto is pleased to offer this program free of charge for up to 60 participants per week. Participants may only register for one week. Registration is on a first come, first-served basis.

Registration will be confirmed by email (if provided) or by phone.

For more information: **416-946-0816** or **outreach@ecf.utoronto.ca**

### Program Details

**Time:** 9:30am to 3:30pm

*Supervision during drop-off and pick-up periods (9-9:30am and 3:30-4pm) is offered free of charge.*

**Ages:** For students who have completed grades **2 through 8**

**Location:** Dundas Street Public School

### Week Requested:

Participants may only register to attend **one week** of camp.

### I wish to register for the following week:

- Week 1 (shortened week): July 3-6
- Week 2: July 9-13
- Week 3: July 16-20
- Week4: July 23-27

### Participant Information

**First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Gender:** \_\_\_\_\_

**Date of Birth (MM/DD/YYYY):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Street:** \_\_\_\_\_

**City:** \_\_\_\_\_

**Province:** \_\_\_\_\_

**Country:** \_\_\_\_\_

**School Name:** \_\_\_\_\_

**School Board:** \_\_\_\_\_



## Parent Information

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Email address: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

Home phone number: \_\_\_\_\_

Business phone number: \_\_\_\_\_

## Additional Emergency Contact

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

## Health Information

Does the participant have any allergies or dietary restrictions? Please select: (Yes / No)

If 'yes', please provide more information about the participants allergies and/or dietary restrictions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Will the participant require any medical/behavioural/learning accessibility accommodations in the classroom to support their success? Please select: (Yes / No)

If participant requires any medical/behavioural/learning accommodations please provide more information about how we can best facilitate: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



**Leave on Own Permission**

The participant is at least 12 years old and I/we give permission for my/our child to leave on his/her own at the end of the session. Please select: (Yes / No)

**Pick Up**

In addition to the Parent and Emergency contacts listed on this form, the following individuals may pick-up my child from the program. All pick-up designates must present photo identification when picking-up a child.

**Pick Up Permission #1**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Pick Up Permission #2**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Additional Information**

I/we give permission for the participant to be photographed/video-recorded and these photos/recordings may be used for promotional purposes by the program and its partners.  
(Yes / No)

The participant identifies as indigenous? (Yes / No)



## Informed Consent Agreement

I/We the **UNDERSIGNED**, hereby acknowledge that certain **RISKS OF INJURY** are inherent to participation in hands-on science activities. These types of injuries may be minor or serious and may result from one's own actions, or the actions of others, or a combination of both. I/We understand that the **RULES AND REGULATIONS** are designed for the safety and protection of participants and hereby undertake that my child will abide by these rules and regulations. I/We hereby **WARRANT** that my/our child is physically fit to participate and understand that the **CHOICE** to participate brings with it the **ASSUMPTION OF THOSE RISKS AND RESULTS** which are part of these activities. I/We agree that **THE GOVERNING COUNCIL OF THE UNIVERSITY OF TORONTO** or **THE FACULTY OF APPLIED SCIENCE AND ENGINEERING (FASE)**, their directors, officers, employees, agents and volunteers, shall not be liable for any injury to my child or loss or damage to my child's personal property arising from, or in any way resulting from, his/her participation in those activities, **UNLESS** such injury, loss or damage is caused by the **SOLE NEGLIGENCE** of the University, FASE, their directors, officers, employees, agents, and volunteers, while acting within the scope of their duties. I/We agree to allow my child to receive basic first aid/medical care from instructors certified in first aid or trained medical professionals if necessary. I/We declare having read and understood the above **INFORMED CONSENT AGREEMENT** in its entirety and hereby consent to participate acknowledging all the foregoing. I/We also certify that the information hereby acknowledge that certain **RISKS OF INJURY** are inherent to participation in hands-on science activities. These types of injuries may be minor or serious and may result from one's own actions, or the actions of others, or a combination of both. I/We understand that the **RULES AND REGULATIONS** are designed for the safety and protection of participants and hereby undertake that my child will abide by these rules and regulations. I/We hereby **WARRANT** that my/our child is physically fit to participate and understand that the **CHOICE** to participate brings with it the **ASSUMPTION OF THOSE RISKS AND RESULTS** which are part of these activities. I/We agree that **THE GOVERNING COUNCIL OF THE UNIVERSITY OF TORONTO** or **THE FACULTY OF APPLIED SCIENCE AND ENGINEERING (FASE)**, their directors, officers, employees, agents and volunteers, shall not be liable for any injury to my child or loss or damage to my child's personal property arising from, or in any way resulting from, his/her participation in those activities, **UNLESS** such injury, loss or damage is caused by the **SOLE NEGLIGENCE** of the University, FASE, their directors, officers, employees, agents, and volunteers, while acting within the scope of their duties. I/We agree to allow my child to receive basic first aid/medical care from instructors certified in first aid or trained medical professionals if necessary. I/We declare having read and understood the above **INFORMED CONSENT AGREEMENT** in its entirety and hereby consent to participate acknowledging all the foregoing. I/We also certify that the information provided in this form is, to my/our knowledge true and complete.

If I/we answered "yes" to the photo permission question on this registration form, I/we give permission for my/our child to be photographed or filmed for promotional purposes.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Date: \_\_\_\_\_